

# MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION COMMUNITY EDUCATION/SERVICE LEARNING

Service-Learning Program

#### **BUDGET AMENDMENT**

BODGET AMENDMENT				
District	County/[	County/District Code Number		
Contact Person	Phone Nu	mber	Fax Number	
	( )		( )	
Street Address		Date of	Submission	
City	State	<u>.</u>	Zip Code	
INSTRUCTIONS				

- Complete form only if requesting to transfer approved funds from one category to another or if there's an excessive change within a
  particular category.
- 2. Figures must be listed for <u>each</u> category. If a category is not being amended, please list the original awarded amount for that category.
- 3. Upon approval, these amounts become the new budget. Confirmation of approval will be faxed.
- 4. Figures must be rounded to the nearest dollar. All figures and calculations must be correct.
- 5. Itemize and justify the proposed budget amendment on page two of this form.
- 6. Forms not completed according to directions will be returned for correction and not approved.

Budget Categories	Awarded/Approved Amount (As listed on approved budget page)	New Amount Total (Grand total of category reflecting amended amount)
Substitute Salaries and Benefits	\$	\$
Coordinator Salaries and Benefits (District Coordinator Grants Only)	\$	\$
Support Staff Salaries and Benefits	\$	\$
Coordinator Stipend	\$	\$
Support Staff/Teacher Stipend	\$	\$
Training and Travel	\$	\$
Project Expenses	\$	\$
Promotional Costs	\$	\$
Other (Describe)	\$	\$

#### New Total Grant Monies

Match Categories	District	Non-District	District	Non-District
Coordinator Hours (not charged to Grant)	\$	\$	\$	\$
Support Staff Hours (not charged to Grant)	\$	\$	\$	\$
Donated Materials/Supplies	\$	\$	\$	\$
Teacher Hours	\$	\$	\$	\$
Volunteer Hours	\$	\$	\$	\$
Transportation to SL Activities (not charged to grant)	\$	\$	\$	\$
Copies/Office Supplies	\$	\$	\$	\$
Other (Describe)	\$	\$	\$	\$

### New Total Match Monies (District + Non District) \$

New Total Amount (Grant + Match)

Signature of Contact Person Date Authorized Signature Date

## FOR DEPARTMENT USE ONLY - APPROVAL

#### PLEASE COMPLETE AND RETURN TO:

Service Learning Community Education Department of Elementary and Secondary Ed. P.O. Box 480 Jefferson City, Missouri 65102-0480

Phone: (573) 526-5395 Fax: (573) 526-4261

Itemization/Justification

If additional table space is needed, please copy this form as many times as needed.

1. List each approved budget item that you no longer wish to purchase/consume.

Expenditure Category (as listed on page 1)	Item(s) proposing to remove from approved budget	Cost of Item(s)
		\$
		\$
		\$
		\$
		\$
		\$

2. For each item above, justify why you no longer wish to purchase/consume each item.

Item (same as above)	Justification for not purchasing/consuming item(s)

3. List the **new** item(s) you are requesting to purchase/consume upon approval of this budget amendment.

Expenditure Category	Item(s) requesting approval to purchase/consume	Cost of Item
		\$
		\$
		\$
		\$
		\$
		\$